

ATTACHMENT III
SCHEDULE OF PERFORMANCE MEASURES
Childhood Indicators - Ages 12 Months Through 18 Years

Note: This schedule outlines the HEDIS[®] ¹ performance measures to be reported by health plans during the term of this contract. The descriptions below are intended to be a summary only and are not meant to be a comprehensive description of the HEDIS[®] measures. Plans are expected to follow the specifications found in the 2010 HEDIS[®] Technical Specifications.

FOR THE 2009-10 CONTRACT PERIOD

1) CHILDHOOD IMMUNIZATION STATUS (CIS)

The percentage of HFP enrolled children who turned two years old during the measurement year, were continuously enrolled for 12 months immediately preceding their second birthday with no more than one gap in enrollment of up to 45 days, and received the following immunizations on or before their second birthday:

- Four DTaP, DT or individual diphtheria and tetanus (DTaP) vaccinations.
- Three polio (IPV) vaccinations.
- One measles, mumps, and rubella (MMR) vaccination.
- Three H influenza type B (HiB) vaccinations.
- Three hepatitis B vaccinations.
- One chicken pox (VZV) vaccination.
- Four pneumococcal conjugate vaccinations.
- A combined rate including children who have received all of the above immunizations.

2) CHILDREN'S ACCESS TO PRIMARY CARE PRACTITIONERS (CAP)

The percentage of HFP enrolled children who had at least one visit to a pediatrician, family physician, or other health care provider during the measurement year. Four separate cohorts are reported:

- Cohort 1: Children age 12 through 24 months who were continuously enrolled during the measurement year.
- Cohort 2: Children age 25 months through 6 years who were continuously enrolled during the measurement year.
- Cohort 3: Children age 7 through 11 years who were continuously enrolled during the measurement year and the prior year.
- Cohort 4: Adolescents age 12 through 18 years who were continuously enrolled during the measurement year and the prior year.

¹ HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

3) WELL-CHILD VISITS IN THE FIRST 15 MONTHS OF LIFE (W15)

The percentage of HFP enrolled children who turned 15 months old during the measurement year and received zero, one, two, three, four, five, or six or more well-child visits with a primary care practitioner during their first 15 months of life. Each eligible child is included in only one numerator (e.g., a child receiving six well-child visits would not be included in the rate for five or fewer visits.)

4) WELL- CHILD VISIT IN THE THIRD, FOURTH, FIFTH, AND SIXTH YEARS OF LIFE (W34)

The percentage of HFP enrolled children age 3 through 6 years who were continuously enrolled during the measurement year with no more than one gap in enrollment of up to 45 days and received one or more well-child visits with a primary care provider during the measurement year.

5) ADOLESCENT WELL-CARE VISITS (AWC)

The percentage of HFP enrolled adolescents age 12 through 18 years who were continuously enrolled during the measurement year with no more than one gap in enrollment of up to 45 days and received at least one comprehensive well-care visit with a primary care provider during the measurement year.

6) IDENTIFICATION OF ALCOHOL AND OTHER DRUG SERVICES (IAD)

The number and percentage of HFP enrolled members, by age and sex, who received alcohol and other drug services during the measurement year in four categories:

- Any chemical dependency services (inpatient, intermediate or ambulatory).
- Inpatient chemical dependency services.
- Intermediate chemical dependency services.
- Ambulatory chemical dependency services.

7) USE OF APPROPRIATE MEDICATIONS FOR ASTHMA (ASM)

The percentage of HFP enrolled children age 5 through 18 years who were identified as having persistent asthma and were appropriately prescribed medication during the measurement year.

8) MENTAL HEALTH UTILIZATION (MPT)

The number and percentage of HFP enrolled members, by age and sex, who received mental health services during the measurement year in four categories of service:

- Any mental health services (inpatient, intermediate or ambulatory).
- Inpatient mental health services.
- Intermediate mental health services.
- Ambulatory mental health services.

9) CHLAMYDIA SCREENING IN WOMEN (CHL)

The percentage of HFP enrolled women age 16 through 18 years who were identified as sexually active, were continuously enrolled during the measurement year with no more than one gap in enrollment of up to 45 days, and had at least one test for chlamydia during the measurement year.

10) APPROPRIATE TREATMENT FOR CHILDREN WITH UPPER RESPIRATORY INFECTION (URI)

The percentage of HFP enrolled children age 3 months through 18 years during the measurement year who were given a diagnosis of upper respiratory infection and were not dispensed an antibiotic prescription on or three days after the episode date.

11) APPROPRIATE TESTING FOR CHILDREN WITH PHARYNGITIS (CWP)

The percentage of HFP enrolled children age 2 through 18 years during the measurement year who were diagnosed with pharyngitis, prescribed an antibiotic and received a group A streptococcus (strep) test for the episode.

12) LEAD SCREENING IN CHILDREN

The percentage of HFP enrolled children who received at least one capillary or venous lead screening test on or before their second birthday.

ATTACHMENT III
Dental Quality Indicators: Ages 2 through 18 Years
(For the 2009-10 Contract Period)

1) HEDIS MEASURE – ANNUAL DENTAL VISIT

The percentage of enrolled members 2-18 years of age who had at least one dental visit during the measurement year. Members who have had no more than one gap in enrollment of up to 45 days during the measurement year should be included in this measure.

Ages 2-18 years as of December 31st of the measurement year. The measure is reported for each of the following age stratifications and as a combined rate.

- 2-3 years
- 4-6 years
- 7-10 years
- 11-14 years
- 15-18 years
- Total

Note: Visits for many 1-year olds will be counted because the specification includes children whose second birthday occurs any time during the measurement year.

Numerator: One or more dental visits with a dental practitioner during the measurement year. A member had a dental visit if a submitted claim/encounter contains any of the codes in Table ADV-A.

Denominator: The eligible population for each age group and the combined total.

Data collection methodology: Administrative

2) OVERALL UTILIZATION OF DENTAL SERVICES

Percentage of members continuously enrolled in the same plan for 1, 2, and 3 years who received any dental service, including preventive services, over those periods.

Numerator (1): Number of members continuously enrolled in the same plan for 1 year who received any dental service (D0100-D9999), including preventive services, during that year.

Denominator (1): Number of members continuously enrolled in the same plan for 1 year.

Numerator (2): Number of members continuously enrolled in the same plan for 2 years who received any dental service (D0100-D9999), including preventive services, during those two years.

Denominator (2): Number of members continuously enrolled in the same plan for 2 years.

Numerator (3): Number of members continuously enrolled in the same plan for 3 years who received any dental service (D0100-D9999), including preventive services, during those three years.

Denominator (3): Number of members continuously enrolled in the same plan for 3 years

For children enrolled for multiple years, calculation is based on the longest period the child was enrolled in the plan. Each child is counted only once for the longest period they have been enrolled.

3) *PREVENTIVE DENTAL SERVICES*

Percentage of members enrolled for at least 11 of the past 12 months who received any preventive dental service in the past year.

Numerator: Number of members enrolled for at least 11 of the past 12 months who received any preventive dental service (D1000-D1999) in the past year.

Denominator: Number of members enrolled for at least 11 of the past 12 months.

4) *USE OF DENTAL TREATMENT SERVICES* (Excludes diagnostic and preventive services)

Percentage of members enrolled for at least 11 of the past 12 months who received any dental treatment, other than diagnostic or preventive services, in the past year.

Numerator: Number of members enrolled for at least 11 of the past 12 months who received any dental treatment (D2000-D9999) in the past year.

Denominator: Number of members enrolled for at least 11 of the past 12 months.

5) *EXAMINATIONS/ORAL HEALTH EVALUATIONS*

Percentage of members enrolled for at least 11 of the past 12 months who received a comprehensive or periodic oral evaluation or, for members under three years of age, those who received an oral evaluation and counseling with the primary caregiver in the past year.

Numerator: Number of members enrolled for at least 11 of the past 12 months who received a comprehensive or periodic exam (D0120 or D0150) or, for members under three years of age, who received an oral evaluation and counseling with the primary caregiver (D0145) in the past year.

Denominator: Number of members enrolled for at least 11 of the past 12 months.

6) *TREATMENT/PREVENTION OF CARIES*

Percentage of members, enrolled for at least 11 of the past 12 months, who received a treatment for caries or a caries-preventive procedure.

Numerator: Number of members enrolled for at least 11 of the past 12 months who received a treatment for caries (D2000-D2999) or a caries-preventive procedure (D1203, D1204, D1206, D1310, D1330, D1351).

Denominator: Number of members enrolled for at least 11 of the past 12 months.

7) *FILLING TO PREVENTIVE SERVICES RATIO*

Percentage of members, enrolled for at least 11 of the past 12 months, with 1 or more fillings in the past year who received a topical fluoride or sealant application.

Numerator: Number of members enrolled for at least 11 of the past 12 months with 1 or more fillings (D2000-D2999) who received a topical fluoride (D1203, D1204 or D1206) or sealant application (D1351).

Denominator: Number of members enrolled for at least 11 of the past 12 months with one or more fillings.

8) CONTINUITY OF CARE

Percentage of members continuously enrolled in the same plan for 2 years with no gap in coverage who received a comprehensive oral evaluation or a prophylaxis in the year prior to the measurement year who also received a comprehensive or periodic oral evaluation or a prophylaxis in the measurement year.

Numerator: Number of members in the denominator who also received a comprehensive or periodic oral evaluation (D0120, D0150) or a prophylaxis (D1110, D1120) in the measurement year.

Denominator: Number of members continuously enrolled in the same plan for 2 years with no gap in coverage who received a comprehensive oral evaluation (D0150) or a prophylaxis (D1110, D1120) in the year prior to the measurement year.